

AMENDMENT	Application #	09/991,090
	Confirmation #	4805
	Filing Date	11/16/2001
	First Inventor	VOSSLER
	Art Unit	2155
	Examiner	Lesniewski, Victor D.
	Docket #	P1758US00 (P08583US00/RFH)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

In response to the Office Action dated January 13, 2005:


A) please consider the responsive **Remarks** provided herewith in **Attachment A**; and

B) please amend the above identified application as follows:

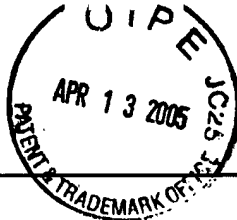
- **Amendments to the Claims** are reflected in the listing of the claims provided herewith in **Attachment B**.
- It is respectfully submitted that the present application is now in condition for allowance.

Date: April 13, 2005

Respectfully submitted,


By: Ross F. Hunt, Jr.
Registration No.: 24,082

STITES & HARBISON PLC ♦ 1199 North Fairfax St. ♦ Suite 900 ♦ Alexandria, VA 22314
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EPW

Customized PTO/SB/21 (12-04)

TRANSMITTAL FORM (for all correspondence after initial filing)	Application #	09/991,090
	Confirmation #	4805
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	First Inventor	VOSSLER
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Total number of pages in this submission =	Docket #	P1758US00 (P08583US00/RFH)

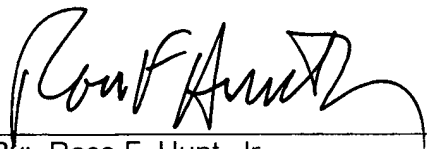
ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fees calculated below	<input type="checkbox"/> Response to Missing Parts/Incomplete Appl.
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input checked="" type="checkbox"/> including Attachments	<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> After Final Amendment/Reply	<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> including Attachment(s)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Extension of Time Petition	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FEES CALCULATION: For claims if required and/or other fees as shown below:					
	NOW	Previously Paid For	Present Extra	Rate	\$
<input checked="" type="checkbox"/> TOTAL CLAIMS	24	24	0	X \$ 50 =	0
<input checked="" type="checkbox"/> INDEPENDENT CLAIMS	6	6	0	X \$ 200 =	0
TOTAL OF ABOVE CLAIMS FEES =					0
<input type="checkbox"/> Reduction by 1/2 for small entity status of applicant					
SUBTOTAL =					0
<input type="checkbox"/> Fee for extension of time (per attached Petition)					
<input type="checkbox"/> Other fee for					
TOTAL OF ALL FEES =					0

☐ A CREDIT CARD PAYMENT FORM (PTO-2038) in the amount of \$ is enclosed.

- ☒ The Commissioner is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 50-0439:
- (1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or
- (2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: April 13, 2005


By: Ross F. Hunt, Jr.
Registration No.: 24,082

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